

Incident Field Notes

DATE / /	ALARM TIME :	ARRIVAL TIME :	CONTROL TIME :	LAST UNIT CLEARED :	INCIDENT #	EXPOSURE #												
LOCATION <input type="checkbox"/> Exact Location <input type="checkbox"/> Intersection <input type="checkbox"/> Front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to																		
<input type="text"/> Number		<input type="text"/> Street or Highway		<input type="text"/> State		<input type="text"/> Zip Code												
<input type="text"/> Apt/Room		<input type="text"/> City		<input type="text"/> Cross Streets or Directions														
INCIDENT TYPE (Situation Found) <input type="text"/>		AID GIVEN OR RECEIVED <input type="checkbox"/> Mutual Aid Received <input type="checkbox"/> Automatic Aid Received <input type="checkbox"/> Mutual Aid Given <input type="checkbox"/> Automatic Aid Given <input type="checkbox"/> Other Aid Given <input type="checkbox"/> None		ACTIONS TAKEN <input type="text"/> Primary Action Taken <input type="text"/> Additional Action Taken (1) <input type="text"/> Additional Action Taken (2)		RESOURCES <table style="width: 100%;"> <tr> <th style="width: 30%;">Apparatus</th> <th style="width: 30%;">Personnel</th> </tr> <tr> <td>Suppression <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>EMS <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Other <input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Apparatus	Personnel	Suppression <input type="text"/>	<input type="text"/>	EMS <input type="text"/>	<input type="text"/>	Other <input type="text"/>	<input type="text"/>			
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ESTIMATED DOLLAR LOSS LOSSES Property \$ <input type="text"/> Contents \$ <input type="text"/> PRE-INCIDENT VALUE Property \$ <input type="text"/> Contents \$ <input type="text"/>		CASUALTIES <table style="width: 100%;"> <tr> <th style="width: 50%;">Death</th> <th style="width: 50%;">Injury</th> </tr> <tr> <td>Fire Service <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Civilian Fire <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Civilian EMS <input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Death	Injury	Fire Service <input type="text"/>	<input type="text"/>	Civilian Fire <input type="text"/>	<input type="text"/>	Civilian EMS <input type="text"/>	<input type="text"/>	DETECTORS (Required for Confined Fires Only) <input type="checkbox"/> Detector Alerted Occupants <input type="checkbox"/> Detector Did Not Alert Occupant <input type="checkbox"/> Unknown		PROPERTY USE <input type="text"/> <input type="text"/>				
Death	Injury																	
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HAZARDOUS MATERIALS RELEASE <input type="checkbox"/> NONE <input type="checkbox"/> NATURAL GAS: slow leak, no evacuation or HazMat actions <input type="checkbox"/> PROPANE GAS: <21 LB. (as in home BBQ grill) <input type="checkbox"/> GASOLINE: vehicle fuel tank or portable container <input type="checkbox"/> KEROSENE: fuel burning equipment or portable storage				<input type="checkbox"/> DIESEL FUEL/FUEL OIL: vehicle tank or portable storage <input type="checkbox"/> HOUSEHOLD SOLVENTS: home/office spill, cleanup only <input type="checkbox"/> MOTOR OIL: from engine or portable container <input type="checkbox"/> PAINT: from paints cans totaling <55 gallons <input type="checkbox"/> OTHER: Special HazMat actions required or spill > 55 gallons				MIXED USE PROPERTY <table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Not Mixed <input type="checkbox"/> Assembly Use <input type="checkbox"/> Educational Use <input type="checkbox"/> Medical Use <input type="checkbox"/> Residential Use <input type="checkbox"/> Row of Stores <input type="checkbox"/> Enclosed Mall <input type="checkbox"/> Business & Residential <input type="checkbox"/> Office Use </td> <td style="width: 50%;"> <input type="checkbox"/> Industrial Use <input type="checkbox"/> Military Use <input type="checkbox"/> Farm Use <input type="checkbox"/> Other Mixed Use </td> </tr> </table>		<input type="checkbox"/> Not Mixed <input type="checkbox"/> Assembly Use <input type="checkbox"/> Educational Use <input type="checkbox"/> Medical Use <input type="checkbox"/> Residential Use <input type="checkbox"/> Row of Stores <input type="checkbox"/> Enclosed Mall <input type="checkbox"/> Business & Residential <input type="checkbox"/> Office Use	<input type="checkbox"/> Industrial Use <input type="checkbox"/> Military Use <input type="checkbox"/> Farm Use <input type="checkbox"/> Other Mixed Use							
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OCCUPANT/PARTY INVOLVED NAME (LAST, FIRST, MIDDLE)			ADDRESS/CITY/ZIP CODE		TELEPHONE													
OWNER NAME (LAST, FIRST, MIDDLE)			ADDRESS/CITY/ZIP CODE		ROOM / APT #													
					TELEPHONE													
NOTES: <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>																		
AUTHORIZATION <table style="width: 100%;"> <tr> <td style="width: 40%;"> <input type="text"/> Officer in Charge </td> <td style="width: 20%;"> <input type="text"/> Position or Rank </td> <td style="width: 15%;"> <input type="text"/> Assignment </td> <td style="width: 10%;"> <input type="text"/> Month </td> <td style="width: 10%;"> <input type="text"/> Day </td> <td style="width: 5%;"> <input type="text"/> Year </td> </tr> <tr> <td> <input type="text"/> Member Making Report </td> <td> <input type="text"/> Position or Rank </td> <td> <input type="text"/> Assignment </td> <td> <input type="text"/> Month </td> <td> <input type="text"/> Day </td> <td> <input type="text"/> Year </td> </tr> </table>							<input type="text"/> Officer in Charge	<input type="text"/> Position or Rank	<input type="text"/> Assignment	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year	<input type="text"/> Member Making Report	<input type="text"/> Position or Rank	<input type="text"/> Assignment	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
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COMPLETE THIS SIDE FOR ALL INCIDENTS - COMPLETE BOTH SIDES FOR ALL FIRES																		

Property Details <div>Estimated # of residential living units in the building of origin whether or not all units became involved</div> <div>Number of buildings involved</div> <div>Acres burned (outside fires)</div> <div>Not Residential</div> <div>Buildings not involved</div> <div>None</div> <div>Less than 1 acre</div>		On-Site Materials <div>On-Site Material (1)</div> <div>On-Site Material (2)</div> <div>On-Site Material (3)</div> <div>None</div> <div>Bulk storage or warehousing</div> <div>Processing or manufacturing</div> <div>Packaged goods for sale</div> <div>Repairs or service</div>		Ignition <div>Area of Fire Origin</div> <div>Heat Source</div> <div>Item First Ignited</div> <div>Fire spread confined to object of origin</div> <div>Type of Material First Ignited</div>		Cause of Ignition <div>Intentional</div> <div>Unintentional</div> <div>Failure of Equipment or Heat Source</div> <div>Act of Nature</div> <div>Cause Under Investigation</div> <div>Cause Undetermined after Investigation</div> <div>Factors Contributing to Ignition</div> <div>None</div> <div>Factor #1</div> <div>Factor #2</div>	
Human Factors Contributing to Ignition <div>None</div> <div>Asleep</div> <div>Possibly impaired by alcohol/drugs</div> <div>Unattended person</div> <div>Possibly mentally disabled</div> <div>Physically disabled</div> <div>Multiple persons involved</div> <div>Age was a factor</div>		Equipment Involved in Ignition <div>None</div> <div>Equipment Involved</div> <div>Brand</div> <div>Model</div> <div>Serial Number</div> <div>Year</div> <div>Equipment Power Source</div> <div>Portable</div> <div>Stationary</div>					
Fire Suppression Factors <div>Fire Suppression Factor (1)</div> <div>Fire Suppression Factor (2)</div> <div>Fire Suppression Factor (3)</div>		Mobile Property Involved <div>None</div> <div>Not involved in ignition, but burned</div> <div>Involved in ignition, but didn't burn</div> <div>Involved in ignition and burned</div> <div>Mobile Property Type</div> <div>Mobile Property Make</div> <div>Year</div> <div>Mobile Property Model</div> <div>VIN Number</div> <div>License Plate Number</div> <div>State</div>					
Structure Type <div>Enclosed building</div> <div>Fixed portable/mobile structure</div> <div>Open structure</div> <div>Air supported structure</div> <div>Tent</div> <div>Open platform (e.g. piers)</div> <div>Underground structure (work areas)</div> <div>Connective structure (e.g. fences)</div> <div>Other type of structure</div>		Building Status <div>Under construction</div> <div>Occupied & operating</div> <div>Idle, not routinely used</div> <div>Under major renovation</div> <div>Vacant & secured</div> <div>Vacant & unsecured</div> <div>Being demolished</div> <div>Undetermined</div> <div>Other</div>		Building Height <div>(Count ROOF as part of Highest Story)</div> <div>Total # of stories at or above grade</div> <div>Total # of stories below grade</div> <div>Main Floor Size (Complete One)</div> <div>Total square feet</div> <div>Length in Feet</div> <div>BY</div> <div>Width in Feet</div>		Fire Origin <div>Below Grade</div> <div>Story of origin</div> <div>Fire Spread</div> <div>Confined to object of origin</div> <div>Confined to room of origin</div> <div>Confined to floor of origin</div> <div>Confined to building of origin</div> <div>Beyond building of origin</div>	
Number of Stories Damaged by Flame <div>Number of stories w/ minor damage (1 to 24% Flame Damage)</div> <div>Number of stories w/ significant damage (25 to 49% Flame Damage)</div> <div>Number of stories w/ heavy damage (50 to 74% Flame Damage)</div> <div>Number of stories w/ extreme damage (75 to 100% Flame Damage)</div>		Material Contributing Most to Flame Spread <div>Item contributing most to flame spread</div> <div>Type of material contributing most to flame spread</div>		Insurance Company Information <div>Insurance Company Name</div> <div>Policy Number</div> <div>Agent's Name</div> <div>Phone Number</div>			
Presence of Detectors <div>None Present</div> <div>Present</div> <div>Detector Power Supply</div> <div>Detector Type</div> <div>Smoke</div> <div>Heat</div> <div>Combination-smoke & heat</div> <div>Sprinkler, water flow detection</div> <div>More than 1 type present</div> <div>Detector Operation</div> <div>Fire too small to activate</div> <div>Operated</div> <div>Failed to Operate</div> <div>Underdetermined</div>		Detector Effectiveness <div>Alerted occupants-they responded</div> <div>Occupants failed to respond</div> <div>There were no occupants</div> <div>Failed to alert occupants</div> <div>Detector Failure Reason</div>		Presence of Automatic Extinguishing System <div>None Present</div> <div>Present</div> <div>Type of System</div> <div># of Heads Operating</div>		System Operation <div>Operated & effective</div> <div>Operated & not effective</div> <div>Fire too small to activate</div> <div>Failed to operate</div> <div>Other</div> <div>System Failure Reason</div>	